

SENDER: COMPLETE THIS SECTION

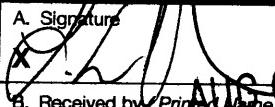
COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Page B. Waller
Dept of Human Resources
S. Gordon Persons Bldg.
50 Ripley St.
Montgomery, AL
36130-4000*

A. Signature


 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

2:06 CV 626-WHA

3. Service Type

- | | |
|--|--|
| <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail |
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. |

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label)

7006 0100 0006 4512 5702

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540